eT0167862 2010

MAIL TO: Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470 Telephone: (916) 445-2021

WEBSITE ADDRESS: http://ag.ca.gov/charities/

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code 11 Cal. Code Regs. sections 301-307, 311 and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code Section 12586.1. IRS extensions will be honored.



	<u> </u>	`. 			<u> </u>	·					
				Check if: Change of address							
State Charity Registration Number											
SAN FRANCISCO COALITIC			Amended report								
Name of Organization		,									
300 BRANNAN ST #406		**	Corporate or	Organization No. 2633727		. !					
Address (Number and Street)											
SAN FRANCISCO, CA 94107 City or Town State ZIP Code Federal Employer ID No. 56-2544544											
ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311 and 312) Make Check Payable to Attorney General's Registry of Charitable Trusts											
Gross Annual Revenue	Fee	Gross Annual R	Revenue	Fee	Gross Annual Revenue		Fee .				
Less than \$25,000	. 0	Between \$100,0		•	Between \$1,000,001 and \$10 mill	***	\$150				
Between \$25,000 and \$100,000	\$25	Between \$250,0	01 and \$1 millio	on \$75	Between \$10,000,001 and \$50 mi		\$225 \$300				
	· · · · · ·		-		Greater than \$50 million	<u></u>	300				
PART A - ACTIVITIES											
For your most recent full acc	ounting peri-	od (beginning	7/01/09	ending _	6/30/10) list:						
Gross annual revenue \$		365,358.	Total assets	\$	139,215.						
PART B – STÁTEMENTS RI	C A D D IN (CODCANIZA	TION DUDIN	C THE DEDI	OD OF THIS DEPORT						
					 						
Note: If you answer 'yes' to any 'yes' response. Please re	y of the quest view RRF-1	tions below, you instructions for i	must attach a information req	separate sheet uired.	providing an explanation and deta		,				
1 During this reporting period, w	vere there an	ov contracts loan	is leases or oth	er financial tran	nsactions between the	Yes	No				
organization and any officer, of director or trustee had any fin	director or tru	ustee thereof eith	ner directly or w	ith an entity in	which any such officer,		X				
During this reporting period, w property or funds?	vas there any	y theft, embezzle	ment, diversion	or misuse of th	ne organization's charitable	\perp_{\Box}	x				
3 During this reporting period, d	lid non-progr	am expenditures	exceed 50% of	gross revenue:	s?	44	X				
4 During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy.											
5 During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If 'yes,' provide an attachment listing the name, address, and telephone number of the											
service provider.				· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	- 	X				
6 During this reporting period, d the name of the agency, maili	lid the organi ing address,	ization receive ar contact person, a	ny governmenta and telephone n	I funding? If so number.	, provide an attachment listing	$\perp \Box$	x				
7 During this reporting period, d indicating the number of raffle	lid the organies and the da	ization hold a raf ate(s) they occurr	fle for charitable	e purposes? If '	yes,' provide an attachment		x				
Does the organization conduct the program is operated by the charitable purposes.	t: a vehicle de	onation brogram?	If 'ves ' provid	e an attachmer ts with a comm	nt indicating whether ercial fundraiser for		x				
Did your organization have proprinciples for this reporting per	epared an au	udited financial st	latement in acco	ordance with ge	nerally accepted accounting		X				
Organization's area code and telephone number 415-992-5007											
Organization's e-mail address											
I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief it is true sorrect and complete.											
Signature of authorized officer	Printed	Name 1		Title	Date						

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JAN 25 2011

State	e Charity Registration Number	CT 010	p 1862	Check Cha	reasi	ry of			
Name of Organization Coalition of Essential Small School Commenced report									
300 Barrow St. Svite 406									
_	Address (Number and Street) San Francisco, CA 94107 Corporate or Organization No.								
	or Town, State and ZIP Code	41 13		Federa	I Employer I.D. No.				
ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311 and 312) Make Check Payable to Attorney General's Registry of Charitable Trusts									
Gro	ss Annual Revenue	Fee	Gross Annual Revenue	Fee	Gross Annual Revenue	Fee			
	s than \$25,000 veen \$25,000 and \$100,000	0 \$25	Between 100,001 and \$250,000 Between \$250,001 and \$1 million	\$50 \$75	Between \$1,000,001 and \$10 million Between \$10,000,001 and \$50 million Greater than \$50 million	\$150 \$225 \$300			
PART A - ACTIVITIES									
For your most recent full accounting period (beginning 7 / 1 / 09 ending 6 / 30 / 10) list:									
	Gross annual revenue \$ _	365,	Total assets \$	138	, 247				
PAF	PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT								
Note			stions below, you must attach a separ uctions for information required.	ate sheet p	providing an explanation and details fo	r each "yes"			
1.			contracts, loans, leases or other financia ctly or with an entity in which any such of			Yes No			
2.	During this reporting period,	was there any t	heft, embezzlement, diversion or misuse	of the orga	nization's charitable property or funds?				
During this reporting period, did non-program expenditures exceed 50% of gross revenues?									
 During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy. 									
5.	During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If "yes," provide an attachment listing the name, address, and telephone number of the service provider.								
6. 	During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number.								
7.	During this reporting period, number of raffles and the date	did the organizate(s) they occur	ation hold a raffle for charitable purposes red.	? If "yes," p	provide an attachment indicating the				
8.	Does the organization conduby the charity or whether the	ct a vehicle dor organization co	nation program? If "yes," provide an atta ontracts with a commercial fundraiser for	chment ind charitable p	icating whether the program is operated ourposes.				
9. ——	Did your organization have p reporting period?	repared an aud	ited financial statement in accordance wi	th generally	accepted accounting principles for this				
Orga	Organization's area code and telephone number (415) 992 5001								
Organization's e-mail address admin & SFCESS. Org									
declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, it is true, correct and complete.									
Gregory Peters Executive Director 1/10/11									
	Signature of autho	rized officer	U Printled Name		Title	Date			